

IMPORTANT NOTICE

If CLAIMS MADE is selected (checked) as the Coverage type for any line of business included on this application, that section of the application is for Claims-Made coverage and the following applies:
THIS IS AN APPLICATION FOR A POLICY THAT CAN BE WRITTEN ON A CLAIMS-MADE BASIS AND COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED. CLAIMS MUST BE REPORTED TO THE INSURER IN ACCORDANCE WITH THE REPORTING PROVISIONS OF THE POLICY. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE PROVIDED WITH YOUR INSURANCE AGENT OR BROKER.

Entity Name	Date

Student Enrollment

K-12:	
Adult Education:	
Daycare:	
Operated by insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL LIABILITY EXPOSURES

Supplemental questionnaires required for these exposures are indicated in the column on the right.

Exposure/ Operation	Open to the public?	Additional Notes
Programs / classes offered:		
<input type="checkbox"/> Auto Body or Repair Shop		Complete Garage Keepers section of Auto
<input type="checkbox"/> Restaurant / Culinary		
<input type="checkbox"/> Cosmetology / Hairdressing		
<input type="checkbox"/> Health Occupations		Do you partner with a facility to offer student internships? <input type="checkbox"/> Yes
<input type="checkbox"/> Summer Camp / Recreational Program	N/A	Complete TPRS-SUP194 Supplement
Do you have / conduct:		
<input type="checkbox"/> Auditorium		List seating capacity: _____ Is rental allowed by outside organizations? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stadium / Bleachers		List seating capacities: _____
<input type="checkbox"/> Swimming Pool		Depth: _____ Is there a diving board? Yes / No
<input type="checkbox"/> Overnight Fieldtrips		
<input type="checkbox"/> Chemical Spraying (Pesticide / herbicide) on own grounds	N/A	# of employees with license: _____

GENERAL LIABILITY EXPOSURES CONTINUED

School Safety	Yes	No
Is there full-time law enforcement/security protection provided?		
Except for Law Enforcement or former Law enforcement Security, are all schools gun free zones?		
Does School Staff undergo active shooter response training?		
Is there a system-wide mandatory policy in place for reporting incidents and suspicious activity?		
Are 100% of the reported incidents and/or suspicious activities investigated by school admin?		
Are there triggers in place to contact Law Enforcement when an incident or suspicious activity calls for it?		
Are Visitor Protocols in place including sign-ins and badges?		
Are school doors kept locked from the outside while having a handle release on the inside for emergency egress?		
Do you have any electronic detection system in the school entry?		
Is there annual collaboration with law enforcement on violent event response protocols and controls?		
Abuse and Molestation Risk Management		
Known sexual abuse or molestation incidents.		
<i>If yes, please provide details:</i>		
Does the facility have a written policy regarding prompt reporting of actual / suspected abuse / molestation?		
Does the school have a written policy/procedure regarding a student's complaint against a teacher, staff member, or a fellow student?		
Are all employees, volunteers, and students made aware of these laws and what is considered unacceptable behavior?		
Are criminal background checks conducted before hiring any employees who come in contact with minors?		
Are records kept documenting background checks?		
Are there minors in care overnight?		
<i>If yes, please explain:</i>		

Bullying Prevention Program

Is a Bullying Policy in Place?		Y		N
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If Yes, Bullying Policy and Procedure Covers (select all that apply):

Purpose	Investigations	Consequences	Reporting
Prohibited Behavior	Written Records	Training / Prevention	Monitoring

Concussion Risk Management Program

	Yes	No
Is a Concussion Policy in Place?		
Are Coaches trained in Concussion Protocols annually?		
Name of Training Program or Trainer: _____		
Immediate participant removal from game/activity if they appear to have suffered a head injury?		
Parent/guardian notification provided about possible concussion?		
Return to play policy that includes Doctor clearance post concussion?		

EMPLOYMENT PRACTICES LIABILITY

Coverage and Limits

Coverage type	Claims-Made Y / N	Retroactive Date: _____	Occurrence Y / N
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Non-Monetary Defense Limit:	_____ \$50,000/\$50,000 (provided)	_____ \$50,000/\$100,000	_____ \$50,000/\$200,000; Other: _____
EEOC Limit	_____ \$10,000/\$50,000 (provided)	_____ \$25,000/\$50,000	_____ \$25,000/\$100,000; Other: _____

Policies And Procedures

	Yes	No
Entity conducts prior employment check on all new hires?		
Does the entity have an employee handbook?		
Employee handbook signed by employees?		
Latest Revision Date of employee handbook?		
When did legal counsel last review the employee handbook?		
Does the entity have a posted anti-discrimination policy?		

Does the entity have written policies & procedures about the following? (Please check all that apply)

Policy	Last Revision Date	Policy	Last Revision Date
Hiring		Sexual Harassment	
Discrimination		Disciplinary Actions	
Grievance Procedures		Internet Usage	
Termination		Social Media	
Medical / Unpaid Leave			

Employment Practices Controls and Employee Performance Yes No

Does the entity train all new supervisors and managers on harassment policy and procedure? Yes No

Annual Affirmation by Employees on the following policies? (Please check all)

Discrimination	Internet Usage
Social Media	Harassment

Claim History Provide details of any Employment Practices claims greater than \$25,000 incurred. What was the claim and as a result any change in policy or procedure?

EDUCATORS LEGAL LIABILITY

Coverage and Limits

Coverage type	Claims-Made ___ Yes / ___ No	Retroactive Date: _____	
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Non-Monetary Defense Limit:	\$50,000/\$50,000 (provided)	\$50,000/\$100,000	\$50,000/\$200,000; Other: _____

School Staff

Counselors / Psychologists	Nurses	Total All Other (Teachers/Admin/Other)	Percentage of Teachers Tenured
#	#	#	%

	Yes	No
Any Educators Legal Liability Claims or Settlements made in the last 3 years?		
Has the entity merged or combined with another entity in the last 12 months?		
Any new school acquisitions or mergers planned?		

Claims History

Provide details of any Educators Legal Claims greater than \$25,000 incurred in last 3 years. What was the claim and as a result any change in policy or procedure?

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LAW ENFORCEMENT LIABILITY

Coverage and Limits

Coverage type	Claims-Made ___Y / N ___	Retroactive Date: _____	Occurrence ___ Y / N ___
Per Wrongful Act Limit:	\$	Annual Aggregate:	\$
Deductible:	\$	or SIR:	\$
Security Personnel	Employed by School	Contracted Out	N/A
Number of		Full-time	Part-time
Unarmed Security			
Armed Security			

	Yes	No
Security Officers are Certified Police Officers?		
Written Policy in place regarding invasion of privacy?		
Written Policy in place regarding Use of Force?		
Documented Training and Certification at least annually on all Weapons (firearms, pepper spray, other)?		

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE

DATE